



APPROVAL OF UNLISTED ELECTRICAL EQUIPMENT
SNS No. _____ Rev. No. ____

SECTION 1 – EQUIPMENT DATA			
Approval is intended for use within the approving organization only.			
Group:	Responsible person:	Number:	
Equipment description:			
Manufacturer:	Nationally Recognized Source: Yes No		
Model Number:			
Serial Number:			
Status (check one): New ; Modified ; In use for 0 to 5 years ; In use continuous use for over 5 years without incident and attested by: Number:			
Equipment location	System:	Building:	Room:

SECTION 2 – EVALUATION			
Determine that electrical equipment is free from recognized hazards that are likely to cause death or serious physical harm to employees [29 CFR 1910.303 (b)]. Use the following factors when evaluating equipment [NEC 110-3 (a)].		Approved	Rejected
1	Suitability for installation and use in conformity with 29 CFR 1910 Subpart S and/or NEC.		
2	Mechanical strength and durability, including for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided.		
3	Wire bending and connection space.		
4	Electrical insulation.		
5	Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service.		
6	Arcing effects.		
7	Classification by type, size, voltage, current capacity, and specific use.		
8	Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment, including non-electrical considerations and hazards.		

NOTE: APPROVED EQUIPMENT SHALL BE INSTALLED AND USED IN ACCORDANCE WITH THE INSTRUCTIONS PROVIDED BY THE DESIGNER/BUILDER OR ESO.

Comments: (Include all designer/builder instructions, restrictions on use, drawings or information that is relevant to the safe installation and use of this equipment. Attach additional sheets as necessary).

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This equipment is approved for installation or use at SNS. IF THIS EQUIPMENT IS MODIFIED, RELOCATED, DAMAGED, REPAIRED OR UTILIZED FOR OTHER THAN THE INTENDED USE STATED ABOVE, THIS APPROVAL IS VOID, PENDING RE-EXAMINATION.

Date:	ESO Printed Name:	ESO Signature:
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This equipment is rejected for use at SNS (See comments above.)

Date:	ESO Printed Name:	ESO Signature:
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